



State of California
Department of Health Care Services



Coordinated Care Initiative Legislative Reporting Requirements

As Specified Under SB 1008 and SB 1036

Different state offices are required to report to the California State Legislature on several critical areas in the design and implementation of the Coordinated Care Initiative (CCI). This fact sheet lists those requirements.

Report Name	AB 1468 Citation	Reporting Requirements	Frequency	Initial Report Date ¹	Org Lead
Evaluation Outcome Report	Sec. 1, W&I 14132.275(m)	The Department of Health Care Services (DHCS) shall conduct an evaluation, in partnership with the Centers for Medicare & Medicaid Services (CMS), to assess outcomes and the experience of dual eligibles in these demonstration sites and shall provide a report to the legislature after the first full year of demonstration operation and annually thereafter.	Annual	October 1, 2014	DHCS/ CMS
Duals Enrollment, Quality Measure and Cost Report	Sec. 1, W&I 14132.275(q)(1)	Beginning with the May Revision to the 2013–14 Governor's Budget, and annually thereafter, DHCS shall report to the legislature on the enrollment status, quality measures, and state costs of the actions taken pursuant to this section.	Annual	May 1, 2013	DHCS (MMCD/ LTCD)
Health Plan Quality Compliance Report	Sec. 4, W&I 14182.17(d)(8)(C)	Effective January 10, 2014, and for each subsequent year of the demonstration project authorized under Section 14132.275, DHCS shall provide a report to the legislature describing the degree to which Medi-Cal managed care health plans in counties participating in the demonstration project have fulfilled the quality requirements, as set forth in the health plan contracts.	Annual	January 10, 2014	DHCS (MMCD/ LTCD)

¹ Initial Report Date is based on March 1, 2013 state date for Mandatory Medi-Cal enrollment for Medi-Cal only benefits and June 1, 2013 start date for the Demonstration Project

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Plan Audit and Financial Examination Summary Reports	Sec. 4, W&I 14182.17(d)(8)(D)	<p>Effective June 1, 2014, and for each subsequent year of the demonstration project authorized by Section 14132.275, the state shall provide a joint report, from DHCS and the Department of Managed Health Care (DMHC), to the legislature summarizing information from both of the following:</p> <p>(i) The independent audit report required to be submitted annually to DMHC by managed care health plans participating in the demonstration project authorized by Section 14132.275.</p> <p>(ii) Any routine financial examinations of managed care health plans operating in the demonstration project authorized by Section 14132.275 that have been conducted and completed for the previous calendar year by DMHC and DHCS.</p>	Annual	June 1, 2014	DMHC and DHCS (MMCD/LTCD)
Programmatic Transition Plan	Sec. 4, W&I 14182.17(d)(10)(B)	Together with the California Department of Social Services (CDSS), California Department of Aging (CDA), and DMHC, in consultation with stakeholders, develop a programmatic transition plan and submit that plan to the legislature within 90 days of the effective date of this section.	One time based on the June 27, 2012 bill chapter date	October 1, 2012	DHCS DSS CDA DMHC
Health Plan Readiness Report	Sec. 4, W&I 14182.17(d)(10)(D)	No later than 90 days prior to the initial plan enrollment date of the demonstration project, assess and report on the readiness of the managed care health plans to address the unique needs of dual eligible beneficiaries and Medi-Cal-only seniors and persons with disabilities pursuant to the applicable readiness evaluation criteria and requirements set forth in paragraphs (1) to (8), inclusive, of subdivision (b) of Section 14087.48. The report shall also include an assessment of the readiness of the managed care health plans in each county participating in the demonstration project to have met the requirements set forth in paragraphs (1) to (9).	One time	March 1, 2013	DHCS (MMCD)

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Program Readiness Report	Sec. 4, W&I 14182.17(d)(10)(E)	DHCS shall submit two reports to the legislature, with the first report submitted five months prior to the commencement date of enrollment and the second report submitted three months prior to the commencement date of enrollment, that describe the status of all of the following readiness criteria and activities that DHCS shall complete.	2 reports	January 1, 2013 March 1 2013	DHCS(M MCD/ CRDD/ LTCD)
MSSP Waiver Transition Plan	Sec. 6, W&I 14186.3(b)(4)(B)(C)	No later than January 1, 2014, DHCS, in consultation with CDA and DMHC, and with stakeholder input, shall submit a transition plan to the legislature to describe how subparagraph (A) shall be implemented. The plan shall incorporate the principles of the MSSP in the managed care benefit and shall include provisions to ensure seamless transitions and continuity of care. Managed care health plans shall, in partnership with local MSSP providers, conduct a local stakeholder process to develop recommendations that DHCS shall consider when developing the transition plan.	2 Reports	January 1, 2014 90-days prior to implementation	DHCS CDA DMHC
LTSS Enrollment, Quality Measure And Cost Report	Sec. 6, W&I 14186.4(g)	Beginning with the May Revision to the 2013–14 Governor's Budget, and annually thereafter, DHCS shall report to the legislature on the enrollment status, quality measures, and state costs of the actions taken pursuant to this article.	Annual	May 1, 2013	DHCS (MMCD/ LTCD)
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² Initial Report Date is based on March 1, 2013 state date for Mandatory Medi-Cal enrollment for Medi-Cal only benefits and June 1, 2013 start date for the Demonstration Project

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Universal Assessment Process Progress Report	WIC 14186.36 (d)	No later than March 1, 2014, DHCS, CDSS, and CDA shall report to the legislature on the stakeholder workgroup's progress in developing the universal assessment process and shall identify the counties and beneficiary categories for which the universal assessment process may be implemented pursuant to subdivision (e).	One time	March 1, 2014	DHCS (LTCD) DSS CDA
Universal Assessment Process Post Implementation Report	WIC 14186.36 (h)	No later than nine months after the implementation of the universal assessment process, DHCS, CDSS, and tCDA, in consultation with stakeholders, shall report to the legislature on the results of the initial use of the universal assessment process and may identify proposed additional beneficiary categories or counties for expanded use of this process and any necessary changes to provide statutory authority for the continued use of the universal assessment process. These departments shall report annually thereafter to the legislature on the status and results of the universal assessment process. [NOTE: This section sunsets on July 1,	Annual	December 1, 2014	DHCS (LTCD) DSS CDA